



MENOMINEE INDIAN TRIBE OF WISCONSIN

P.O. Box 910
Keshena, WI 54135-0910

TAX EXEMPT CARD APPLICATION

1.	_____	_____	_____	_____
	First Name	Middle Name	Last Name	Maiden Name
2.	_____			
	Address			
	_____	_____	_____	_____
	City	State	Zip	Phone
3.	_____	_____		
	Gender/Sex	Color of Eyes		
4.	_____			_____
	Applicant Signature			Date

Below this line is intended for the Tribal Enrollment Department

I certify that _____ is an Enrolled Member of the Menominee Indian Tribe, according to available records in the Enrollment Office.

Applicants Enrollment Number: _____ and
Social Security Number: _____ and
Date of Birth: _____

CERTIFYING OFFICIAL SIGNATURE
ENROLLMENT DEPARTMENT

DATE

Return to: **MENOMINEE TRIBAL LICENSING AND PERMIT DEPARTMENT**
P.O. BOX 910
KESHENA, WI 54135

In Person: \$8.00
By Mail: \$9.00 (Send Picture)